

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Michael Grimm for Congress

ADDRESS (number and street)

PO Box 61806

Check if different  
than previously  
reported. (ACC)

Staten Island

NY

10306-7806

2. FEC IDENTIFICATION NUMBER ▼

C

C00470807

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

06

D D /

05

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert F. Carlin

Signature of Treasurer

Robert F. Carlin

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Michael Grimm for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23430	1811777.73
(b) Total Contribution Refunds (from Line 20(d)) .....	0	4865
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	23430	1806912.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13104.07	1127049.3
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	15062.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	13104.07	1111987.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1012580.84	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	438565.87	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

Michael Grimm for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

22375

859865.52

(ii) Unitemized.....

1055

18805.52

(iii) TOTAL of contributions from individuals ▶

23430

878671.04

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

933106.69

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

23430

1811777.73

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0

65662.91

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0

15062.14

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0

598.19

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

23430

1893100.97

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13104.07	1127049.3
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	4865
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	4865
21. OTHER DISBURSEMENTS .....	0	18230
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13104.07	1150144.3

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1002254.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23430
25. SUBTOTAL (add Line 23 and Line 24).....	1025684.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13104.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1012580.84

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 19  
 (check only one)  
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Michael Grimm for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Alan G. Becker</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 331 Brehaut Avenue			<b>Transaction ID : A-CF8062</b>	
City Staten Island	State NY	Zip Code 10307-1901	Amount of Each Receipt this Period _____ 2000	
FEC ID number of contributing federal political committee. C _____		Name of Employer Trades Construction Services Corp		
Occupation Builder/GC		Election Cycle-to-Date _____ 4000		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Alan G. Becker</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 331 Brehaut Avenue			<b>Transaction ID : A-MCNF3553</b>	
City Staten Island	State NY	Zip Code 10307-1901	Amount of Each Receipt this Period _____ -1400	
FEC ID number of contributing federal political committee. C _____		Name of Employer Trades Construction Services Corp		
Occupation Builder/GC		Election Cycle-to-Date _____ 4000		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Redesignation from Primary <b>[MEMO ITEM]</b>		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Alan G. Becker</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 331 Brehaut Avenue			<b>Transaction ID : A-MCNF3554</b>	
City Staten Island	State NY	Zip Code 10307-1901	Amount of Each Receipt this Period _____ 1400	
FEC ID number of contributing federal political committee. C _____		Name of Employer Trades Construction Services Corp		
Occupation Builder/GC		Election Cycle-to-Date _____ 4000		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Redesignation to General <b>[MEMO ITEM]</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**Benjamin B. Berlin**

Mailing Address 10 Uxbridge Street

City

Staten Island

State

NY

Zip Code

10314-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : A-CF8113

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Marissa Capone**

Mailing Address 217 Finlay Street

City

Staten Island

State

NY

Zip Code

10307-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gotham Lighting

Occupation

Secretary

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
06 12 2014

Transaction ID : A-CF8043

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Kim S. Diamond**

Mailing Address 38 Warren Street  
Apt. 8B # 44

City

New York

State

NY

Zip Code

10007-1090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kroll Bond Ratings

Occupation

Senior Managing Director

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
06 13 2014

Transaction ID : A-CF8034

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**Kelly Griswold**

Mailing Address 89 Cedar Grove Avenue

City

Staten Island

State

NY

Zip Code

10306-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cosmetic &amp; Dental Implant

Occupation

Office Manager

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

239

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : A-CF8057

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**Ajay Junnarkar**

Mailing Address 5 Spruce Lane

City

Scarsdale

State

NY

Zip Code

10583-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kroll Bond Rating Agency

Occupation

CFO

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : A-CF8035

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Robert E. Kelly**

Mailing Address 3130 Amboy Road

City

Staten Island

State

NY

Zip Code

10306-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Master Realtors

Occupation

Owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : A-CF8061

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

1025.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

Full Name (Last, First, Middle Initial)

Gail Lomma

Mailing Address 80 Wakefield Road

City

Staten Island

State

NY

Zip Code

10312-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lomma Construction Corp.

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : A-CF8039

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Danielle Naso

Mailing Address 112 Bolivar Street

City

Staten Island

State

NY

Zip Code

10314-5671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : A-CF8114

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

Danielle Naso

Mailing Address 112 Bolivar Street

City

Staten Island

State

NY

Zip Code

10314-5671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : A-MCNF3555

Amount of Each Receipt this Period

-2600

Redesignation from General

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

Full Name (Last, First, Middle Initial)

Danielle Naso

Mailing Address 112 Bolivar Street

City

Staten Island

State

NY

Zip Code

10314-5671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☒ Primary☐ General☐ Other (specify)

Debt Retirement

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : A-MCNF3556

Amount of Each Receipt this Period

2600

Redesignation to Primary Debt Retirement

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Bruno Savo

Mailing Address 2 Michaels Way

City

Colts Neck

State

NJ

Zip Code

07722-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Savo Brothers

Occupation

Construction

Receipt For: 2014

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

2800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : A-CF8064

Amount of Each Receipt this Period

1300

Full Name (Last, First, Middle Initial)

Michael Savo

Mailing Address 57 Idaho Avenue

City

Staten Island

State

NY

Zip Code

10309-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Savo Brothers

Occupation

Construction

Receipt For: 2014

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

2800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : A-CF8065

Amount of Each Receipt this Period

1300

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**Savino Savo****A.**

Mailing Address 87 Pouch Terrace

City

Staten Island

State

NY

Zip Code

10305-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Savo Brothers

Occupation

Manager

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : A-CF8063**

Amount of Each Receipt this Period

1300

Full Name (Last, First, Middle Initial)

**Clifford D. Siegel****B.**

Mailing Address 363 Darlington Avenue

City

Staten Island

State

NY

Zip Code

10312-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cee-Jay Real Estate Development Corp

Occupation

President/Owner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : A-CF8115**

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

**Derek Tabacco****C.**

Mailing Address 127 Bayview Terrace

City

Staten Island

State

NY

Zip Code

10312-6373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Instilend

Occupation

Partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : A-CF8060**

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....

4050.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

Full Name (Last, First, Middle Initial)

Eric B. Thompson

Mailing Address 49 Urbana Street

City

Staten Island

State

NY

Zip Code

10304-4268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kroll Bond Rating Agency

Occupation

Senior Managing Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : A-CF8033

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Margaret Turner

Mailing Address 175 Ocean Avenue

City

Rockaway Point

State

NY

Zip Code

11697-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartshare St.Vincent's Serv

Occupation

Medical Case Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : A-CF8046

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Marina Varshisky

Mailing Address 18 Hurlingham Drive

City

Greenwich

State

CT

Zip Code

06831-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : A-CF8048

Amount of Each Receipt this Period

2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

Full Name (Last, First, Middle Initial)

Michael Varshisky

Mailing Address 18 Hurlingham Drive

City

Greenwich

State

CT

Zip Code

06831-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : A-CF8047

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

22375.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 Sandpiper Circle

City	State	Zip Code
Nottingham	MD	21236-4907

Purpose of Disbursement  
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

11610.5
---------

**Transaction ID : B-E-8018**

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Blaire Bartlett**

Mailing Address 1603 Rosedale Street NE

City	State	Zip Code
Washington	DC	20002-4525

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

410.5
-------

**Transaction ID : B-S-2184****[MEMO ITEM]**

Subitemization of ADP(06/05/14)

**c. Jack Alvarez**

Mailing Address 1 Center Place

City	State	Zip Code
Staten Island	NY	10306-5711

Purpose of Disbursement  
Payroll

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

1200
------

**Transaction ID : B-S-2185****[MEMO ITEM]**

Subitemization of ADP(06/05/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11610.50
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**A. William R Cortese**Mailing Address 39 Kossuth Street  
Floor 2

City Newark State NJ Zip Code 07105-3313

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

3000
------

Transaction ID : B-S-2186

**[MEMO ITEM]**

Subitemization of ADP(06/05/14)

**B. Chris Berardini**Mailing Address 5573 Seminary Road  
Apt. 106

City Falls Church State VA Zip Code 22041-3549

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

5000
------

Transaction ID : B-S-2188

**[MEMO ITEM]**

Subitemization of ADP(06/05/14)

**c. Michael Ragonese**

Mailing Address 105 Clarks Lane

City Milton State NY Zip Code 12547-5260

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

2000
------

Transaction ID : B-S-2187

**[MEMO ITEM]**

Subitemization of ADP(06/05/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 Sandpiper Circle

City	State	Zip Code
Nottingham	MD	21236-4907

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

146.9
-------

Transaction ID : B-E-8031

**B. ADP**

Mailing Address 8094 Sandpiper Circle

City	State	Zip Code
Nottingham	MD	21236-4907

Purpose of Disbursement  
Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

98.7
------

Transaction ID : B-E-8052

**c. American Express**

Mailing Address PO Box 650448

City	State	Zip Code
Dallas	TX	75265-0448

Purpose of Disbursement  
Credit Card Charges

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

204.99
--------

Transaction ID : B-E-8036

Original vendors exceeding reporting threshold itemized  
as memo transactions.**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.59
--------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1909 K Street NW

City	State	Zip Code
Washington	DC	20006-1152

Purpose of Disbursement  
Credit Card Charges

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

315.61
--------

Transaction ID : B-E-8037

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Verizon Wireless**

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002-5505

Purpose of Disbursement  
Cell Phone Charges

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

312.11
--------

Transaction ID : B-S-2191

[MEMO ITEM]

Subitemization of BB&amp;T(06/19/14)

**C. BB&T**

Mailing Address 1909 K Street NW

City	State	Zip Code
Washington	DC	20006-1152

Purpose of Disbursement  
Finance Charge

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

3.5
-----

Transaction ID : B-S-2192

[MEMO ITEM]

Subitemization of BB&amp;T(06/19/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

315.61







**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 19

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Michael Grimm for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Patton Boggs**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Legal Fees

Mailing Address 2550 M Street NW

City State

Zip Code

Washington

DC

20037-1309

Outstanding Balance Beginning This Period

420587.21

Transaction ID : SD10-DEBT8038

Amount Incurred This Period

11201.2

Payment This Period

0

Outstanding Balance at Close of This Period

431788.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Express**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Credit Card Charges

Mailing Address PO Box 650448

City State

Zip Code

Dallas

TX

75265-0448

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT8122

Amount Incurred This Period

6777.46

Payment This Period

0

Outstanding Balance at Close of This Period

6777.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

438565.87

2) **TOTALS** This Period (last page this line number only) ..... ▶

438565.87

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

438565.87